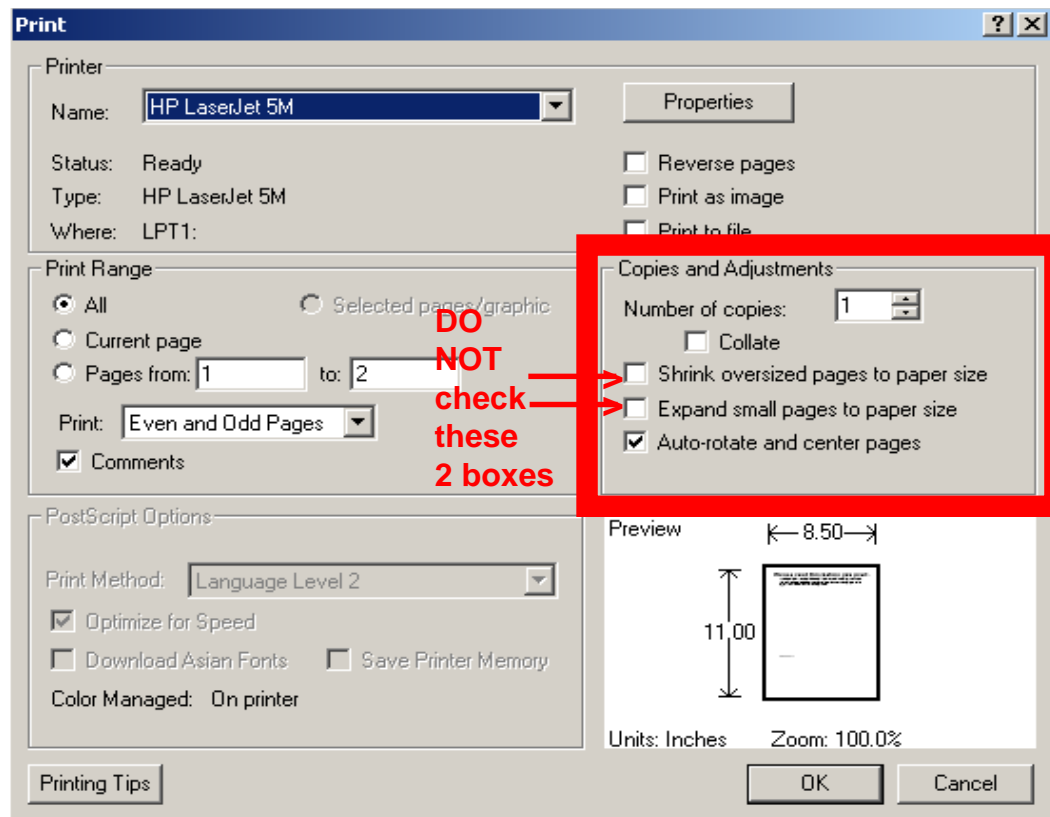


# Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

## A. Contents:

### Animal Care And Control Agencies And Nonprofit Humane Societies (Entities) To Provide Limited Veterinary Services Registration Packet

1. 672-067 .... Contents List/Deposit Slip ..... 1 page
2. 672-068 .... Instructions for Animal Care And Control Agencies And Nonprofit Humane Societies  
(Entities) To Provide Limited Veterinary Services Registration ..... 1 page
3. 672-069 .... Application for Animal Care And Control Agencies And Nonprofit Humane Societies  
(Entities) To Provide Limited Veterinary Services Registration ..... 1 page

## B. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



**Cut along this line and return the form below with your completed application and fees.**



Animal Care And Control Agencies  
And Nonprofit Humane Societies (Entities)

**DEPOSIT SLIP**

NAME (Please Print)

DATE

Revenue Section  
P.O. Box 1099  
Olympia, Washington 98507-1099

**Please note amount enclosed, and return  
with your application.**

\$

☐ Check  
☐ Money Order

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Health Professions Quality Assurance  
Veterinary Board of Governors  
PO Box 1099  
Olympia WA 98507-1099

Instructions For  
Animal Care and Control Agencies And  
Nonprofit Humane Societies (Entities) To  
Provide Limited Veterinary Services  
Registration

## Registration Instructions

**WAC 246-12-060 How to obtain an initial business credential.** An initial credential for a business is issued once all eligibility requirements are met. To obtain an initial credential, the business must:

- (1) Pay all applicable application and license fees;
- (2) Submit an application on forms approved by the secretary;
- (3) Submit supporting documentation required by the regulatory entity.

Applicants for registration must submit the completed registration document with the deposit slip and **\$100.00** registration fee to:

Department of Health  
Veterinary Program  
Post Office Box 1099  
Olympia, WA 98507-1099

Renewal of your entity registration is due on August 1 each year. The fee is **\$75.00**. Reminder notices are sent out to the address we have on file. If you have an address change, please notify the Customer Service Center at (360) 236-4700.

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Health Professions Quality Assurance  
Veterinary Board of Governors  
PO Box 1099  
Olympia WA 98507-1099

Application For  
Animal Care and Control Agencies  
And Nonprofit Humane Societies (Entities)  
To Provide Limited Veterinary Services  
Registration

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_
4. Name of Business \_\_\_\_\_
5. Business Address \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
7. Uniform Business Identifier \_\_\_\_\_
8. List Name, Address and Title of Corporate Officers, Partners or Owner(s)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
9. Have you ever been found guilty of a drug or controlled substance violation? ☐ No ☐ Yes If yes, explain in detail on the back of this form, provide circumstances, places, dates and outcomes.
10. Employed Veterinarian(s) \_\_\_\_\_
11. In submitting this application, it is agreed by me that if any part is found false or fraudulent, I forfeit the right to a registration.

I, \_\_\_\_\_ being first duly sworn upon oath, depose and say: that the answers to the foregoing questions and statements made in the above application are true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_

For the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*S E A L*